

Preliminary Application

Please email your **completed application** to **CircleParkLeasing@related.com** or bring into our office, in-person.

Qualifying for Low Income Housing Tax Credit (“LIHTC”) Housing Program

The LIHTC program has maximum income limits that are based on a percentage (%) of an area’s median income (“AMI”).

Circle Park’s non-subsidized units have an income limit of **80% of AMI for Cook County**. The LIHTC program also has restrictions on the maximum rent that can be charged. The tables below show the maximum income limits, by household size, and maximum rent limits, by unit type (effective April 1st 2024 to current day).

Income Limits

2-BEDROOM			3-BEDROOM		
HOUSEHOLD	Minimum Income	Maximum Income	HOUSEHOLD	Minimum Income	Maximum Income
1 Person	\$48,000	\$62,800	1 Person	\$57,000	\$62,800
2 People	\$48,000	\$71,760	2 People	\$57,000	\$71,760
3 People	\$48,000	\$80,720	3 People	\$57,000	\$80,720
4 People	\$48,000	\$89,680	4 People	\$57,000	\$89,680
5 People	Does Not Qualify*		5 People	\$57,000	\$96,880
6 People	Does Not Qualify*		6 People	\$57,000	\$104,080

Maximum Rent

2-Bedroom Apartment	\$1,500/month
2-Bedroom Town Home	\$1,700/month
3-Bedroom Apartment	\$1,800/month
3-Bedroom Town Home	\$2,000/month

Our property does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, LP, 423 W. 55th Street 9th floor, NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.



Other Important Qualifying Factors: STUDENT STATUS

Any household made up of all fulltime students, unfortunately, will not qualify for this program. There are a few exceptions, which have been listed below. Please contact our management office directly with questions about whether or not these exceptions apply to your household:

1. The full-time students are married and file a joint income tax return.
2. The full-time students are single parent(s) and their children are not dependents of another individual.
3. At least one full-time student household member is currently enrolled in a job training program under the Job Training Partnership Act or another similar Federal, State or local program.
4. At least one of the full-time student household members is currently receiving assistance under the Title IV of the Social Security Act.

If none of the above exceptions applies and all members of the household are full-time students, the household **is not** eligible for a housing unit subject to the LIHTC program.

Full-time students include individuals who are or will be attending grades Kindergarten through 12th grade or a college, university, or institute of higher learning for 5 or more months during the current and/or upcoming calendar year (months need not be consecutive) and whose student status is defined as "full-time" by the applicable educational institution.

For more information regarding the LIHTC program or housing eligibility at Circle Park Apartments, please reach out to our onsite Management Team directly:

CIRCLE PARK APARTMENTS

1111 S. Ashland Avenue

Chicago, IL 60607-4644

(P) 312-738-0056 | **(F)**: 312-264-0930

Email: Circleparkleasing@related.com

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PRELIMINARY APPLICATION

**RELATED
MANAGEMENT
COMPANY**

Circle Park
1111 S Ashland Ave
Chicago, IL 60607-4644
Phone: (312) 738-0056 Fax: (312) 264-0930 TTY: 800-526-0844

This is a preliminary application and does not obligate you to rent an apartment, nor does it obligate **Circle Park** to rent an apartment to you. Please fill out this Preliminary Application **completely, then sign and date it.**

OFFICE USE ONLY	Date Received: _____	Time Received: _____
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Unit size you are interested in: 1 Bedroom (1-2 persons) 2 Bedroom (2-4 persons) 3 Bedroom (3-6 persons)

APPLICANT'S CONTACT INFORMATION

Name: _____	Home Phone: () _____
Address: _____	Mobile Phone: () _____
City, State & Zip: _____	Work Phone: () _____
E-mail Address: _____	

1. List all persons who intend to occupy the unit for which you are applying:

Name	Sex (Optional)	Date of Birth	Relationship to Household Head	SSN
			HEAD	

2. Select ethnicity and race for head of household:

Racial Categories (Select All That Apply)			Ethnic Categories (Select One)		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	<input type="checkbox"/> Not-Hispanic or Not-Latino		

3. Please state the total gross **annual** income of your household. (This includes income from employment for all persons 18 years of age and older, alimony and child support, social security, public aid, disability income, pensions, income from assets, interest and regular money gifts.) \$ _____

Check if you have a
HCV

- | | | |
|---|------------------------------|-----------------------------|
| 4. Are you or is any adult household member currently employed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you or is any adult household member disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. If under the age of 50, is the household head or spouse of head handicapped or disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

WARNING: Section 1001 of Title of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the United States as to any matter within its jurisdiction.

7. Are you or is any household member a victim of domestic violence, dating violence, sexual assault or stalking? Yes No
8. Have you been displaced from your housing because it was in an urban renewal area, or as a result of government action, or as a result of a major disaster as determined by the U.S. President? Yes No
9. Are you or is any household member a veteran who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable? Yes No
10. Will any member your household require a handicap accessible unit? Yes No
11. Please list all states and counties of residence for all applicants 18 years of age or older have lived: *(This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.)*
- AL AK AZ AR CA CO CT DE FL GA HI ID IL IN
 IA KS KY LA ME MD MA MI MN MS MO MT NE NV
 NH NJ NM NY NC ND OH OK OR PA RI SC SD TN
 TX UT VT VA WA WV WI WY Washington D.C

AUTHORIZATION TO CHECK CREDIT AND CRIMINAL RECORDS:

I/We understand and hereby authorize agent/owner of Circle Park, and any consumer or credit reporting agency or bureau employed by it to investigate my (our) character, general reputation, mode of living, credit and financial responsibility and the statements made in the Preliminary Application, to inquire into and check for criminal records, civil judgments and other relevant information, and to make a consumer or credit report in connection therewith.

I/We hereby certify that this information is true and correct to the best of my knowledge. I/We understand that any false statement on this application will disqualify my application and my name will not be put on the waiting list. I/We further agree that if an apartment becomes available and housing assistance is offered, I/we will provide verification of my eligibility as prescribed by HUD.

Signature (Head of Household)

Signature (Spouse/Co-Head)

Date

How did you hear about us?

Circle Park is an Equal Housing Opportunity provider and does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities. A senior executive has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). You may address your request for review or reconsideration to: Fair Housing Officer, Related Management Company, L.P., 423 W. 55th St, 9th Fl. NY, NY 10019, (212) 319-1200, NY TTY 1-800-662-1220.

